No.300	FILED JAN 1	AN 16 1951 STANDARD CERTIFICATE OF DEATH State File No									
· ev	BIRTH NO		_ REG. D	IST. NO	27	PRIMARY REG.	DIST. NO. 5				******************
348	I. PLACE OF DEATH a. COUNTY Bates					2. USUAL F	residence « issouri	Where decessed live b. COUN	rd. If inst	uuulon: rei Bates	
,0 _B	b. CITY (II outside corporate limits, write RURAL and give OR TOWN Rural - Summitt township) STAY the this place				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Summitt						
RECORD	d. FULL NAME OF (If not in hospital or institution, give atreat address or location) HOSPITAL OR INSTITUTION R.F.D. 6 Butler, Mo.					d. STREET ADDRESS	(If rural,	6 But	ler		
	DECEASED	a. (First) Jarv	-	ь. (міd Ann	dle)	c. (Lasi Gragg		4. DATE (OF Jai	Month)	(Day) 195	(Year)
NEN		COLOR OR RACE	7. MARR WIDOV	IED, NEVER VED, DIVORO CLOW CO	MARRIED, ED (Spedfy)	8. DATE OF BIS		9. AGE (In years	of thoses Months	TYLKE DE D	DESCRIPTION OF SERVICE
PERMANENT	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		19b. KIND OF BUSINESS OR IN- HOME			11. BIRTHPLACE (State or foreign country) Missouri			9	12. CITIZEN OF WHAT COUNTRY?	
⋖	13a. FATHER'S NAME Marion Gr	ragg]1	_	r's maiden tha Le	–		e of Husband	OR WIFE		
MAKE	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes., no., or unknown) (If yes., give war or dates of serv					17. INFORMANT'S SIGNATURE OR NAME					DRESS r Mo.
INK	18: CAUSE OF DEATH Enter only one cause per line for (a), (b), and (e) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)									INTERVAL ONSET AP	BETWEEN ND DEATH
I.A.C.K	*This does not mean the mode of dying, such as heart failure, arthenia, the underlying cause (a) the above cause (a) totaling the underlying cause last.									 	
DING I	etc. It means the dis- ease, injury, or complica- tion which caused death.	DUE TO (c) Chronic Replant. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition coursing death.							59		
UNFADING	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF C									20. AUTO	
USING	21a. ACCIDENT (I SUICIDE HOMICIDE	Specify) 2 b	1b. PLACE (OF INJURY (e letory, street, of	g., in or about fice bldg.,etc.)	21c. (CITY, TOW	/N, OR TOWNSHIP) (COU	NTY)		ATE)
-	21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK AT WORK AT WORK										
PLAINLY	22. I hereby certify that I attended the deceased from Jan. 3, 1957, to Jan. 5, 1957, that I last saw the deceased alive on Jan. 2, 1951, and that death occurred at 9:46Pm., from the causes and on the date stated above.										
	23a. SIGNATURE (Degree or title) 23b. ADDRESS R. P. Hansen MDD Butto 200									23c. DATE	SIGNED
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Breedly) BURIAL (/	245. DATE 1-7-195	- 1			or cremator		S CO.		souri	(State)
-,	DATE REC'D BY LOCAL Jan 8-190-1	REGISTRAR'S SIG	GNATURE	Kin	sus			SWOOD	ADI	ORESS Wille	he.
4	V			(Licensed	mbalmer's St	stement on Rever	rae Side)				, .

RECEIVED/-13.5/

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

TATEMENT	RY	LICENSED	EMBALME

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

working under my personal supervision.

& Steinbrch

Licensed Embalmer No. 46 57

P. O. Address Butler, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.